



Complete Summary

TITLE

Diagnosis and treatment of otitis media in children: percentage of children less than 5 years old with a diagnosis of acute otitis media who had an appropriate routine follow-up visit within the recommended time interval.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of otitis media in children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 27 p. [58 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of children less than 5 years old with a diagnosis of acute otitis media who had an appropriate routine follow-up visit within the recommended time interval.

RATIONALE

The priority aim addressed by this measure is to increase the timely and appropriate clinical follow-up for patients with a diagnosis of otitis media.

PRIMARY CLINICAL COMPONENT

Acute otitis media; follow-up

DENOMINATOR DESCRIPTION

All children less than 5 years old with a diagnosis of acute otitis media and who have not been treated for otitis media 60 days prior to current visit (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of records where patient with acute otitis media has documented evidence in the medical record that a follow-up visit* occurred at 3 to 4 weeks OR at next well child visit within 4 to 6 weeks

*A follow-up visit for otitis media includes documentation of assessment for symptoms of: pain, fever, or irritability continuing after 3 to 5 days of treatment.

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and treatment of otitis media in children.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age less than 5 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness
Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All children less than 5 years old

Data will be collected through medical record review. A minimum of 10 charts will be randomly sampled from all cases seen in the target month. Records will be pulled and reviewed for documentation of a follow-up visit in 3 to 4 weeks or well child visit at 4 to 6 weeks.

Steps:

1. Identify children less than 5 years old with a diagnosis of acute otitis media.
2. Determine which children had a follow-up visit at 3 to 4 weeks or a well child visit at 4 to 6 weeks. Count these cases as "yes." Count as "no" those cases where there is no documented evidence in the medical record that a follow-up visit occurred.

Suggested data collection time frame is monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Clinical Condition

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All children less than 5 years old with a diagnosis of acute otitis media* and who have not been treated for otitis media 60 days prior to current visit

*Diagnosis of acute otitis media is defined by the suggested International Classification of Diseases, Ninth Revision (ICD-9) codes: 381.0, 381.00, 381.01, 381.4, 382.00, 382.01, 382.4, 382.9.

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of records where patient with acute otitis media has documented evidence in the medical record that a follow-up visit* occurred at 3 to 4 weeks OR at next well child visit within 4 to 6 weeks

*A follow-up visit for otitis media includes documentation of assessment for symptoms of: pain, fever, or irritability continuing after 3 to 5 days of treatment.

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of children less than 5 years old with a diagnosis of acute otitis media who had an appropriate routine follow-up visit within the recommended time interval.

MEASURE COLLECTION

[Diagnosis and Treatment of Otitis Media in Children Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 May

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of otitis media in children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 May. 27 p. [58 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of children less than 5 years old with a diagnosis of acute otitis media who had an appropriate routine follow-up visit within the recommended time interval," is published in "Health Care Guideline: Diagnosis and Treatment of Otitis Media in Children." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org

NQMC STATUS

This NQMC summary was completed by ECRI on August 31, 2004.

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